This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 445

Total Fee Calculation

	·	Fee Code	Total # Claims	Number Extra	х	Fee	Fee =	 •	Total
		Sm./Lg.				Sm. Entity	Lg. Entity		
В	asic Filing Fee	201/101						. /	160
T	otal Claims >20	203/103	<u>20</u> -20 =	10	X		18 =		180
lr	idependent Claims >3	202/102	<u> </u>		X		=	=	
N	Iult. Dep Claim Present	204/104						•	
S	urcharge	205/105	•					.)	30
Ε	nglish Translation	139							
Ţ	OTAL FEE CALCULA	ATION			•)	<u>0</u> 20
Fees due upon filing the application:									
Total Filing Fees Due = \$ 1000.00									
Less Filing Fees Submitted - \$									
В	ALANCE DUE	= \$ <i>1<u>८</u></i>	<u> </u>	\supset	_				

Figure 7